

GFF COUNTRY IMPLEMENTATION GUIDELINES



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ABBREVIATIONS

CSO	civil society organization
GFF	Global Financing Facility
IBRD	International Bank for Reconstruction and Development (of the World Bank Group)
IDA	International Development Association (of the World Bank)
IRDS	implementation research and delivery science
MICS	Multiple Cluster Indicator Survey
SDG	Sustainable Development Goal
RMNCAH-N	reproductive, maternal, newborn, child, and adolescent health and nutrition
TA	technical assistance



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1. PURPOSE OF THE GUIDELINES

The purpose of this document is to provide guidance to national governments and other stakeholders (e.g., civil society, women and youth, private sector, donors, professional associations) for effective implementation of the GFF process in-country. These guidelines complement the GFF investment case development guidelines and the guidance note on multistakeholder country platforms by focusing specifically on the implementation phase of the investment case. These guidelines have been informed by the implementation and experiences of countries to date. These guidelines were developed to accelerate the learning process between countries by applying what has worked well already and to enable countries

to more readily generate a common vision among the national, subnational, and global stakeholders of how the GFF process should be implemented. Given that the GFF engagement is a dynamic and knowledge-driven process, these guidelines will be adapted regularly as new lessons from implementation emerge. The guidelines will also be accompanied by a GFF sourcebook with country and global resources to support the implementation of the GFF process. The GFF in-country process is supported by a GFF Secretariat, which is based in Washington, DC at the World Bank. For clarity, the use of the term “GFF” refers to the country process and not only to the GFF Secretariat, unless otherwise specified.

2. SCOPE OF GFF IN-COUNTRY ENGAGEMENT

KEY MESSAGES

- When a country joins the GFF, it commits to implementing a process that will help it achieve its universal health coverage goals. This commitment requires appointing an official to lead the process, mobilizing relevant stakeholders, preparing and implementing an investment case (including a results framework), demonstrating commitment to improving data systems, increasing domestic resources and aligning other resources, and focusing on equity.
- The investment case and the health financing work program — two documents that need to be closely aligned — define the scope of the GFF engagement in new countries supported by the GFF.
- In most cases the investment case is developed for a five-year implementation, therefore many of the health financing reforms are embedded in the investment case; however, some health financing reforms may extend beyond the scope of the investment case.
- Financiers can use various modalities to align their financing to support the implementation of the investment case.
- The members of the GFF in-country partnership are confirmed in the minutes of the platform meeting at the beginning of the GFF engagement in a country and in each subsequent year to document which partners are formally associated with the GFF process in the country.
- The investment case is a living document, or management tool, that should be adjusted as conditions in the country change. At a minimum, the scope of the investment case should be assessed at the mid-term review.

The **vision** of the GFF is to contribute to universal health coverage by supporting actions to end preventable maternal, newborn, child, and adolescent deaths and improve the health and quality of life of women, adolescents, and children. This vision is at the heart of the “Every Woman, Every Child” movement and is shared by many partners. The **mission** of the GFF, however, is truly unique: to build a new model for development financing for the Sustainable Development Goal (SDG) era, combining multiple sources of financing in a synergistic, country-led way that brings countries further in closing the funding gap for reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) by 2030. Conducive gender dynamics are essential to the achievement of the GFF mission.

A country joins the GFF partnership with the understanding of a commitment to the following:

- Assigning a high-level official to lead the GFF process, including mobilizing and chairing a country platform — almost always an existing platform — at least at the national level (and at subnational level as necessary) on a regular basis for meaningful data-driven shared discussion and direction. Information, reports, and updates from the platform are to be posted online;
- Mobilizing the relevant Ministries into an “all of government” multisectoral approach as needed. At a minimum, the Ministries of Finance and Health should be mobilized;
- Developing and implementing an evidence-based investment case to accelerate progress on RMNCAH-N outcomes, with a particular focus on reaching those most vulnerable and marginalized, that clearly identifies a set of priorities and the financing to implement them;
- Engaging effectively with partners, which requires a mutual understanding about consultation and data sharing;
- Developing a common results framework and showing commitment to share data and strengthening health information systems for real-time data use and action as part of the investment case;
- Increasing domestic resources for health outcomes (specifically committing to not reduce domestic financing as additional financing gets mobilized for the investment case) and improving the efficiency of use of four types of resources: (i) domestic financing, (ii) IDA/IBRD resources, (iii) aligned financing from bilateral and multilateral agencies as well as civil society organizations (CSOs), and (iv) private sector resources (financial and capacity/expertise);

- Creating and chairing a health financing working group to ensure that findings from analytical work get transformed into effective decisions and actions with clearly monitored milestones; and
- Achieving equity of outcomes in RMNCAH-N, including gender equality, and providing financial protection against impoverishment and discrimination due to ill health or malnutrition.

The GFF process works with short-, medium-, and long-term horizons. The investment case is aligned with the national plans and priorities, including national planning cycles and budgeting processes, and is led by the government, usually the Ministry of Health. The investment case should outline a stepwise vision until 2030 and describe in more detail the first phase for implementing the key priorities identified to achieve RMNCAH-N results while addressing key health systems bottlenecks in the next five years (short-term implementation). ([See Guidance Note: Investment Cases for guidelines on how to develop an investment case.](#)) The investment case also includes the stepping stones for more long-term health financing reforms (e.g. improving domestic resource mobilization or efficiency in health expenditures) to achieve sustainability of financing and to attain the 2030 targets for RMNCAH-N in the broader context of universal health coverage and the SDGs. This document discusses what needs to happen once the investment case has been drafted and approved by national authorities, with a focus on short-term implementation. With the multitude of partners involved in supporting the implementation of the investment case, it is critical to keep a sharp focus on not displacing the government in its accountability to achieve the intended results.

The 16 countries that have engaged in the GFF process in the initial two years of the GFF have taken different approaches in defining what they consider to be the investment case. A few countries have opted to use their existing national health plans as the investment case; however, this has not been an optimal approach because these national plans tend to be less prioritized than typical investment cases and they usually have large

financing gaps. Some countries seize the GFF process as an opportunity to take a renewed look at priorities. Some countries have defined the investment case as the “prioritized implementation plan” for the full national health plan, while others have selected a few key priorities (e.g., nutrition, family planning, supply chain strengthening, human resources for health, health information systems) and have developed plans to accelerate progress in these areas. In sum, the starting point for implementation in the initial 16 GFF-supported countries varies; in some cases further work to refine some aspects of the investment cases is required.

The investment case and the health financing work program¹ — two documents that need to be closely aligned — define the scope of the GFF engagement in new countries supported by the GFF. These documents will build on existing work in the country (e.g., existing health financing strategies) and, at a minimum, identify a set of “priorities of priorities” on which to focus over the period of the investment case, which is usually five years. These priorities are identified on the basis of available data and achievements defined by available financing. The intended achievements should drive the development of the results framework and ensure that indicators and their targets are aligned with the intended achievements and impact. Intended results typically include coverage of RMNCAH-N interventions, as well as the underlying broader health systems strengthening and health financing reforms² required for sustained impact³. It is important to emphasize that only those actions for which there is financing should be part of the investment case results framework. Defining the scope of the GFF engagement is important because it is usually implemented within a wider context of health systems strategies and plans, which can lead to confusion about what is or is not included in the GFF engagement and thus what should be monitored during the implementation phase, because without funding there can be no real expectation of achievements. Some investment cases may have scenarios for expansion (e.g., widening of service delivery packages, broadening of systems reforms) but these should be presented as separate unfunded sections

¹ See section 3 for an explanation of the health financing work program.

² The GFF focuses on the following health financing indicators: health expenditure per capita financed from domestic sources, ratio of government health expenditure to total government expenditures, percent of current health expenditures on primary health care, and incidence of financial catastrophe due to out-of-pocket payments. These quantitative indicators come with a two-year time lag. While the historical patterns and trends are important, the analysis also requires a systematic qualitative assessment based on consistency of the country’s financing arrangement with good practices. WHO has developed an instrument to assess this as a basis for informing priorities.

³ The GFF core RMNCAH-N impact indicators are maternal mortality ratio, under-5 mortality rate, neonatal mortality rate, adolescent birth rate, proportion of the most recent children age 0–23 months who were born at least 24 months after preceding birth, prevalence of stunting among children under 5 years of age, prevalence of moderate to severe wasting among children under 5 years of age, and proportion of children who are developmentally on track.

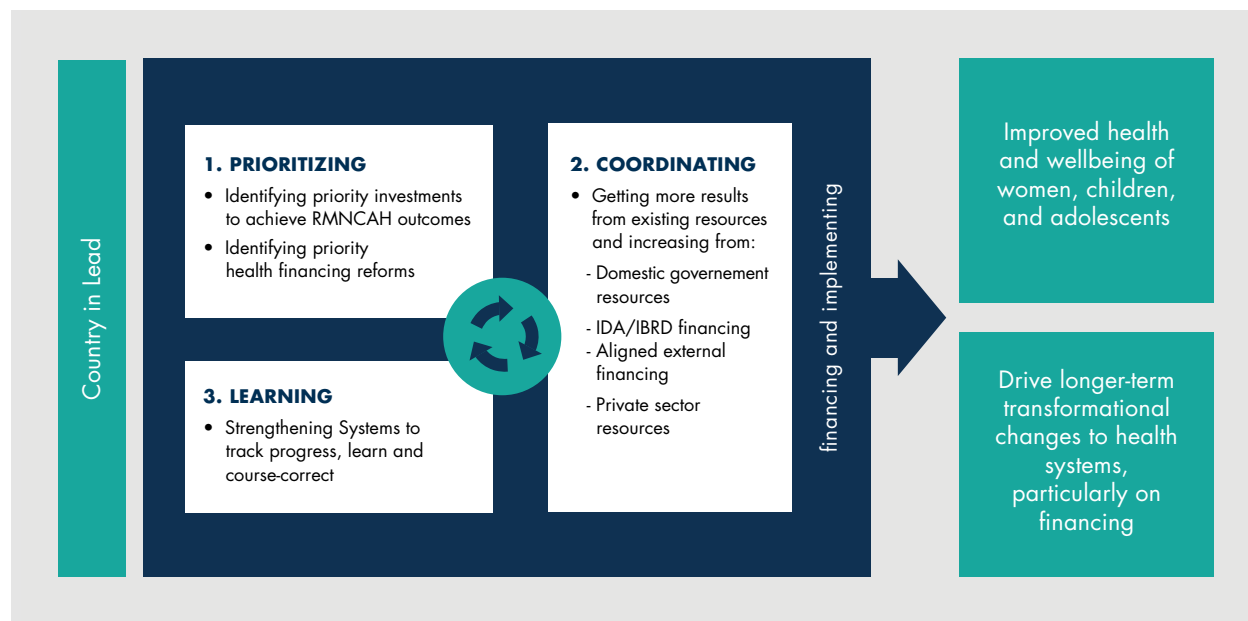
and not be included in the results targets until they are financed. This approach will enable tight accountability for results based on available financing while leaving space (and a vision) for new financing to be crowded into the investment case over time.

In most cases the investment case is developed for a five-year implementation, therefore many of the health financing reforms are embedded there, however some health financing reforms may extend beyond the scope of investment case (see section 3 on health financing). For instance, actions to improve efficiency of health service delivery are often core interventions in the investment case and the prioritization process is also partly dependent on health financing parameters. However, there is also a body of health financing reforms, such as those relating to strengthening domestic resource mobilization, that extend beyond the time span of a typical investment case and that countries tend to manage within a health financing reforms work program that is related to, but distinct from, the investment case. Some countries choose to develop and implement a full health financing strategy either before or as part of their GFF engagement; however, an increasing number of countries take a more focused approach on using the opportunity afforded

by the GFF engagement to advance a prioritized set of health financing reforms that are contained in a health financing work program.

The GFF process emphasizes the integration of service delivery and financing reforms in the investment case to increase the likelihood of achieving the desired health outcomes. The structure of service delivery for different types of services needs careful consideration to achieve maximum effectiveness and efficient use of resources. For example, determining which level of the health system (hospital, clinic, community) to deliver each service, the number of delivery posts, and so on, must be considered in tandem with how these services are financed to achieve the greatest and most equitable outcomes with the available resources. Although the GFF has a thematic focus on RMNCAH-N, it is necessary to be sensitive to the fact that the GFF approach operates in a system and that it has to use a systems approach during implementation. This involves being aware that interventions have an impact on other parts of the system and that it is important to avoid doing harm. At the same time, there is a systems' strengthening effect from the investment case implementation, e.g., by strengthening supply chains.

FIGURE 2.1 GFF SUPPORTS COUNTRIES TO GET ON A TRAJECTORY TO REACH THE SDGS AND UNIVERSAL HEALTH CARE THROUGH THREE RELATED APPROACHES



Various modalities can be used by financiers to align their financing to support the implementation of the investment case. In some countries, all or part of the financing is pooled (e.g., in a government-held account) but pooling, while preferred, is not a requirement for participation in the GFF process. Virtual pooling is also possible through joint planning and alignment of resources across financiers toward a common and agreed upon focus on health and nutrition outcomes. Virtual pooling can be done through joint planning, agreed-upon target setting, a common results framework reflecting resources in the government budget, coordinated/joint reviews and accountability, coordinated resource tracking, etc. Whether the funds are pooled or not, an important objective of the GFF process is to align available resources with — and included in — national budgets. An important part of the GFF alignment process is the coordination of technical assistance. For clarity of monitoring and to increase accountability, it will be important to clearly define how resources are aligned in the GFF partnership and what common instruments will be used (e.g., common audits) to increase efficiency.

To confirm the members of the GFF in-country partnership, the minutes of the platform meeting will document which partners are formally associated with the GFF process at the beginning of the GFF engagement in a country and in each subsequent year. In countries where it is feasible, it is recommended to have the partners write a Membership Letter (ML) to the government to formally express their interest in joining the national GFF process. The ML should state the commitment of the partner and outline the scope of the contribution that this partner intends to make to the GFF country partnership. The document is not, and should not be, legally binding, as this would restrict some members from signing it.

The investment case is a living document, or management tool, that should be adjusted as conditions in the country change. The period of the investment case is five years, so it will be updated at least every five years. It is expanded when new and/or additional financing is identified (e.g., more domestic resources have been mobilized), thus changing the mix of financiers and affecting the scope of the engagement. It is also adjusted as

implementation takes place and lessons about performance emerge, with a view to shifting resources over time to interventions that are performing well and away from approaches that are not generating results. It is also modified when key policy changes that relate to the investment case come into effect. One example is identifying and integrating private sector⁴-related interventions, where several of the early GFF countries who had not fully leveraged private sector resources during their investment case design are now focusing on doing so during their implementation phase. Similarly, when previously unavailable data emerge (e.g., on adolescent fertility), it may lead to changes in the investment case. Some enabling factors (e.g., political commitment and prioritization, availability of resources, and adequate time required for dedicated private sector analysis and dialogue, etc.) may emerge at a later stage; the flexibility of the GFF process thus enables countries in the implementation phase to make more strategic use of private sector opportunities that may have been missed during the initial investment case design and prioritization discussions.

Some modifications (e.g., addition of a new financier) may not change the overall strategic direction of the investment case but will require changes to the results framework, potentially adding indicators and/or adjusting targets. Other more substantive changes in the investment case may be required at critical points such as the mid-term review. At a minimum, the investment case is to be updated every time a new round of GFF trust fund financing is made available to the country (as reflected in the annual resource tracking). To ensure consistent mobilization of stakeholders behind a common agenda, it is preferable to limit the number of strategic shifts in the investment case. It is important to note that the investment case is not a proposal to be submitted to the GFF Secretariat for the release of financing; it is a country-owned document that is approved by national authorities. Changes to the investment case are to be decided through a process that is similar to how the original investment case was developed, one that involves all the stakeholders in the national platform.

⁴ The GFF defines private sector to include all non-public health systems actors involved in the financing and delivery of services and products, including for-profit, not-for profit, and faith-based organizations.



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3. HEALTH FINANCING

The overall aim of the GFF is to support countries to achieve universal health coverage through a focus on the priority interventions required to improve the health and nutrition of women, adolescents, and children in a sustainable way. The investment case is built on a foundation of analyses of the country's health financing system and its functions (e.g. resource mobilization, pooling, allocation, and service purchasing), which are defined in the country's health financing strategy when it exists. Depending on the country context, notably what analytical work has already been carried out in recent years, the preparation of the investment case could include different assessments, such as health financing systems assessments, fiscal space analysis, public expenditure reviews, efficiency analysis, and costing. In that sense, a large part of the health financing agenda of the GFF engagement will be delivered during the implementation phase by using the findings of existing assessments and, as needed, undertaking the various processes that are outlined in these guidelines. As noted, the implementation phase is an iterative and continuous learning process that is likely to lead to regular modifications of the investment case. The same principles and approaches of health financing that were used during the preparation of the investment case to achieve good prioritization will be used during the implementation phase. In the health financing aspects of the GFF engagement as with other parts, it will be imperative to first use existing health financing analysis rather than duplicating existing analytical work.

However, some aspects of the country's health financing agenda may not have been covered (i.e., no existing health financing strategy) and will go beyond the purview of the investment case. These domains — such as domestic resource mobilization — will be outlined in a health financing work program. This work program will align and build on current health financing work in the country, and will likely be a combination of technical assistance, analytical work, piloting of approaches, evaluations, and other forms of implementation research and advocacy. The work program will be defined within a clear theory of change that is articulated over a longer term (e.g., 15 years) with a more specific agenda for the initial 3–5 years. In implementing the health financing work program, it will be critical to align with and directly support the national budgetary process. This

KEY MESSAGES

- The investment case is developed on a foundation of analyses of the country's health financing system and its functions, which are defined in the country's health financing strategy and/or the analytical work carried out before the country joins the GFF.
 - However, there are aspects of the health financing agenda in a country that may not be covered in existing strategies or analyses and go beyond the purview of the investment case (e.g., domestic resource mobilization).
 - These domains will be outlined in a health financing work program defined with a clear theory of change and articulated over a longer term (e.g., 15 years).
 - Countries usually have a health financing working group that must be linked to the wider country platform.
-

will require close engagement throughout the process with the Ministry of Finance and alignment with the national budgetary process. The advocacy part of the work program will be integrated into the advocacy and communication strategy discussed in section 10 and 11 of these guidelines.

Given the specialized technical nature of the health financing agenda, countries usually have a health financing working group that must be linked to the wider country platform. This working group should include members from the Ministry of Finance, along with Ministry of Health and other national stakeholders, such as civil society groups that influence the health financing agenda. The GFF-supported health financing work should be defined to build on the existing body of health financing work and to complement the capacities of partners who are active in health financing. To foster cohesion and integration of the health financing reforms into the overall GFF engagement in-country, a representative from the health financing working group will report on the progress against the health financing work plan at the regular meetings of the country platform.

4. GFF COUNTRY PLATFORM

KEY MESSAGES

- The development and implementation of the investment case is coordinated through a country platform — usually an existing platform — that is driven by the national government.
- The country platform is the governance mechanism that enables coordination, learning, course correction, and mutual accountability that are achieved mainly through the use of data.
- It is important to ensure that the country platform is representative of the stakeholders who are required for effective implementation of the investment case, notably, a government focal person; representatives from the Ministry of Finance and other Ministries, aligned financiers, technical agencies, civil society (including youth), and the private sector; and the GFF Liaison Officer.
- It may be helpful if the country platform develops a “work plan agenda” that outlines clear objectives for the meetings and that documents agreements on actions to be taken by each member before the next meeting.
- Membership on the country platform will be reconfirmed annually and adjusted when necessary.
- Countries will also form a group of champions who are opinion leaders and are/will become advocates for key issues that the GFF process is advancing in the country.
- Subnational platforms will also be necessary to effectively implement the GFF approach, particularly in larger countries with federal systems and in countries where health service delivery is devolved to the subnational level.
- Country platforms may find it useful to develop a simple implementation plan for the investment case to increase clarity about roles and responsibilities for implementation and accountability for results.

The investment case is developed through a participatory in-country process that is driven by national governments (e.g., Ministry of Health) and coordinated through a country platform. See the [Guidance Note: Inclusive Multistakeholder Country Platforms in Support of Every Woman, Every Child for more information](#), including an annex with a checklist for effective functioning of multistakeholder country platforms to guide its establishment and functioning. To maximize synergies and avoid parallel processes, countries generally use existing platforms to coordinate the GFF engagement. In countries where the existing platform has a wider ambit than the scope of the GFF, countries can decide to just have a standard agenda item in the wider platform meeting agenda that focuses on GFF issues. The GFF engagement requires effective participation from civil society,⁵ youth, and the private sector, in addition to national/subnational governments and bilateral and multilateral partners. It is critical to ensure adequate gender and youth representation and to ensure that civil society and the private sector participate effectively in the national platforms that serve to coordinate the GFF process, with representatives selected by civil society and private sector constituencies whenever possible. For transparency and clarity, one of the first steps in the GFF country process is for the nodal Ministry (e.g., Ministry of Health) to agree formally through a terms of reference (TOR) with all in-country partners on what constitutes the country platform, including expanded membership as needed to ensure effective participation from the full range of stakeholders (e.g., civil society and private sector). This notification is to be provided by the nodal Ministry to the national stakeholders at the start of the process and be reconfirmed in writing at every annual review. The TORs for the country platform and the names of its members are to be posted on the government website.

During the implementation of the GFF engagement, the country platform is the governance mechanism that enables coordination, learning, course correction, and mutual accountability. This is achieved mainly through the use of data⁶ for decision making and course correction and also to advocate for specific actions (financing, policy decisions) required to achieve the objectives outlined in the investment case. The platform meetings will thus focus primarily on a review of the progress against

⁵ Per the GFF Civil Society Engagement Strategy, civil society includes the full range of formal and informal, nongovernmental and not-for-profit, organizations that publicly represent the interests, ideas, and values of citizens and their members. Civil society organizations encompass a diverse range of groups, such as international nongovernmental organizations, regional and national advocacy groups, service-delivery organizations, community-based organizations, youth-led coalitions, professional associations, faith-based groups and service providers, indigenous groups, charitable organizations, research and academic institutions, and more.

⁶ Where feasible, attention should be given to monitoring gender-related issues such as rates of gender-based violence, early marriage, and adolescent pregnancy.

the investment case objectives, with a specific view to identifying the actions necessary to maintain or accelerate the pace of achievement of results and to mobilize the funding required to implement the investment case. It may be helpful if platforms develop specific “work plan agendas” that outline clear objectives for the meetings and document agreements on actions to be taken by each member before the next meeting. To prepare for these meetings, a subgroup that specializes in data analysis should be activated (or linked to the platform if the group already exists in-country) to generate the reports/dashboards required to have effective meetings. The GFF Secretariat will also make available the in-kind services of consultants, including local gender experts as needed, that countries can draw upon to prepare the data for these platform meetings. Other subgroups in areas such as community health, private sector, etc. may also be required to help address specific priorities of the investment case.

The platform meetings should also serve as a learning opportunity and include as a standing agenda item a presentation of new evidence emerging either from the implementation research within the investment case or from national, regional, or global research. This presentation should lead to a discussion and decision as to how/whether this evidence should be integrated into the implementation (or review) of the investment case. A potential standing agenda for the platform meetings would include the following items: (i) review of implementation results and defining corrective actions, (ii) review of financial commitments to the investment case (including domestic resources), (iii) new evidence/implementation research findings, (iv) update on advocacy strategy, and (v) update on communications strategy.

Building on the *Guidance Note: Inclusive Multistakeholder Country Platforms in Support of Every Woman, Every Child*, the following key roles should be represented in the platform, at a minimum:

- **Government focal person.** This high-ranking government official is responsible for the functioning of the platform and s/he chairs the platform meetings or supports the chair when these are chaired by the Minister. This person needs to be at a sufficiently high level in the government to be able to have a cross-cutting view across the

technical areas of RMNCAH-N as well as health financing reforms and also be able to work effectively with other Ministries, including Finance. To avoid confusion, the individual will be formally appointed in writing by the nodal Minister (e.g., Minister of Health) and this notification will be shared with all members of the national platform.

- **Representative from Ministry of Finance and other Ministries.** Given the strong focus on health financing in the GFF approach, it is essential to have a senior representative from the Ministry of Finance participating in the country platform. Depending on the scope of the investment case, other Ministries responsible for sectors such as education, social protection, and gender/women’s affairs — in addition to health — should also participate in the platform. The role of these representatives is to ensure that what is developed and implemented within an investment case is consistent with national policies, that synergies between the Ministries are achieved, and that domestic resources are invested into the programs outlined in the investment case. These Ministries should also be the main holders of the data that will guide the investment case implementation.
- **GFF Liaison Officer.** This person, who is based in the nodal Ministry, appointed by the GFF Secretariat, will facilitate the coordination process with all stakeholders and information sharing. S/he will directly support the government focal person and will focus heavily on facilitating the effective functioning of the country platform. The performance of the GFF Liaison Officer will be assessed jointly by the government and the GFF Secretariat annually, with structured inputs from members of the country platforms. Decisions to renew the annual contract of the GFF Liaison Officer will be based on these annual evaluations.
- **Representatives from aligned financiers.** Each of the financiers who are aligned to the investment case (i.e., either through a pooled fund or through virtual pooling) will name a representative to the country platform. These financiers may include bilateral and multilateral donors as well as large

nongovernmental organizations that contribute more than a threshold amount to the investment case that will be set by each country. In addition to providing financing for the investment case, the financiers will be expected to participate in its development and in the collective monitoring of its implementation. Some financiers may also be in a position to facilitate the provision of technical assistance (TA) as needed. Financiers will be expected to share data and to make all efforts possible to align their investments — in both service delivery and TA — to the investment case.

- **Representatives from technical agencies.** The United Nations agencies that contribute to RMNCAH-N in the country will participate in the platform. Some other large technical civil society organizations (CSOs) may, at the request of the government, also participate in the platform as technical partners. The technical partners will help support the design and implementation of the investment case by providing technical advice and facilitating work such as implementation research and delivery science (IRDS), communication, advocacy, etc.
- **Representative from the World Bank.** The World Bank manages the GFF country grant on behalf of the GFF trust fund and is always one of the investors — through IDA or IBRD financing — in the investment case. The World Bank will name a representative to serve on the country platform who is usually the Task Team Leader (TTL) for the project that the GFF grant is co-financing. Co-financing of IDA/IBRD means that the GFF trust fund resources are programmed and monitored following the same World Bank systems and rules as the IDA/IBRD resources. The World Bank's role is similar to the financiers, but with the additional role of custodian of the GFF trust fund resources.
- **Representatives from civil society.** Each country platform will include representatives from CSOs and youth to serve on the country platform and to represent broader civil society (the number will be determined by each country). Each country will define a transparent process for ensuring that the selection of CSOs and youth by their own constituencies to serve on the country platform is fair, representative, and transparent and that

there is a system to rotate representation at least every two years. Special attention should be given to enabling the participation of women and youth, as well as organizations representing religious and traditional leaders, in this and other constituencies. In recognition that the CSOs often need financial resources to participate effectively in national platforms, all stakeholders are encouraged to support CSO engagement capacity particularly at the national level, in addition to seed funding that will be provided by the Partnership for Maternal, Newborn and Child Health (PMNCH) with co-financing from the GFF through small grants to a number of CSO country platforms. Civil society representatives will be expected to ensure that the interest of end users of the health system are well represented in the platform. The accountability and transparency of health services usually benefit greatly from active engagement of (domestic) civil society in oversight of service accessibility and quality. It is anticipated that they would be key implementors of the advocacy and communications strategies.

- **Representatives from the private sector.** The GFF defines private sector as any non-state actor who is part of the health system and/or impacts health outcomes, particularly related to RMNCAH-N. This broad definition aims to capture the diversity of the private sector at the country level, including those actors outside the usual delineation of a health system who play a vital role in achieving health outcomes; for example, logistics operators who are part of supply chains, financial institutions that provide capital for service providers, mobile telecom providers involved in behavior change interventions or health insurance, etc. Public-private dialogue is key for governments to understand the opportunities and resources available through partnering with the private sector. The GFF country platform offers an opportunity to bring private sector actors within a space where a structured dialogue can be facilitated around a common set of priorities for government, development partners, civil society, and the private sector. The private sector representatives on the country platform are expected to represent the interests and perspectives of the broader private sector constituency and work with other stakeholders to define where the private



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sector can contribute resources, capacity, expertise, and innovations for achieving the investment case priorities. As in the case of the CSOs, each country will define a transparent process to ensure that the selection of private sector representatives to serve on the country platform is fair and transparent, with a system to rotate representation at least every two years. The unique challenges that private sector diversity and fragmentation create for meaningful representation on GFF country platforms is discussed in section 5 of these guidelines, along with the various ways GFF countries have used to manage them.

- **GFF Secretariat focal point.** Each country that is implementing an investment case has a focal point within the GFF Secretariat who coordinates the support provided to the country, including the

country grants and related technical assistance. This person is usually not based in the country and may not be able to participate in person in all platform meetings, but is the person to whom inquiries from the country platform to the GFF Secretariat should be directed. The GFF Secretariat will travel regularly to the country to support the GFF process and carry out oversight on the use of the funds provided by the GFF trust fund. The name and contact details of this person will be known to the government focal person and the GFF Liaison Officer and is posted on the GFF website country section. The main role of this person is to ensure that the support to the country from the GFF Secretariat is appropriate and well-coordinated. The focal point can also serve as a resource person to the country team to locate key resources and explain specific processes.

- **Membership on the country platform will be reconfirmed annually and adjusted when necessary.** The membership will need to be adjusted if new financiers join the investment case and to accommodate regular rotation of the members of some constituencies, such as the CSOs and the private sector. The government focal person may be changed whenever the government desires, but it is recommended that the person remain in place for at least two years to ensure continuity. The GFF Liaison Officer will be hired on annual renewable contracts based on performance. Financiers will remain members of the platform for as long as they are financing the investment case, although the representative may change. For the CSOs and the private sector, who will operate on a representational model, the membership on the country platform will be expected to rotate every two years.
- **National champions:** In addition to the roles above of people who formally participate in the country platform, countries will also form a group of champions who are opinion leaders and are/will become advocates for key issues that the GFF process is advancing in the country. These champions are unlikely to attend country platform meetings due to the technical nature, but they are influential individuals who can help advance issues and/or facilitate key policy decisions. Examples of issues to be advanced by these champions include mobilizing domestic resources for health/nutrition, increasing awareness on the role of gender, increasing commitment to address “forgotten” or sensitive issues such as nutrition and family planning, or special focus on groups that require particular attention (e.g., adolescent girls, newborn survival, sick malnourished children, female-headed households, refugees and displaced populations, and other marginalized or at-risks groups). The political economy analysis that is conducted as a first step to developing the advocacy and communications strategies (see sections 10 and 11) will help to point to influential individuals who can help move the GFF agenda in-country. Examples of potential champions in country include prominent business

leaders and stateswomen and statesmen, women and youth leaders, religious leaders, media personalities, Parliamentarians, etc.

The GFF country platform will meet at least twice per year and more often as necessary. Every effort should be made to ensure that there is full participation from a range of the members of the platforms in each meeting. Countries are encouraged to ensure that a quorum from each type of partner (government, financiers, civil society, private sector) is achieved to ensure the meetings always include each type of stakeholder. The meeting agenda is focused on the results analyses or existing dashboards that map to both the investment case and the health financing reforms results framework (recommendations for quarterly, annual, and mid-term reviews will be made for countries to consult) to focus members’ attention on performance and problem solving. Meetings need to be convened at appropriate times, be well-prepared with dissemination of data sheets to inform meetings, and have defined agendas. It is important to circulate the minutes of the meetings — particularly for partners who are not always present in country — and include agreed-on actions for improved clarity and accountability for results. Special efforts should be made to organize the meetings at times and in venues that would enable partners who do not have a country presence or are located in remote regions to join the meetings remotely through phone or videoconferencing. Given the complexity of the agenda that is monitored by the GFF process in the implementation phase, countries should consider structuring the platform into subgroups (e.g., financing, advocacy, data systems, private sector, etc.) that report to a plenary group.

Subnational platforms will also be necessary to effectively implement the GFF approach, particularly in larger countries with federal systems and in countries where health service delivery is devolved to the subnational level. These subnational platforms will be particularly important to understand the needs and expectations of beneficiaries and to create stronger accountability. Like the national platform, the subnational platforms used for the GFF process should build on and strengthen existing platforms. The role of the subnational platform may be

somewhat different than the national platforms, but in all cases the use of data will remain a central element. While the national platforms may focus on issues such as setting norms and guidelines, regional equity, allocation of central funds, etc., the subnational platforms may have a sharper focus on using data for management of service delivery.

Countries may find it useful to develop a simple implementation plan for the investment case to increase clarity around roles and responsibilities for implementation and accountability for results. While the government has the main responsibility for implementation of the investment

case, in most GFF countries, implementation involves a wide range of stakeholders at different levels of government (in various Ministries); in many countries, the government is contracting out service provision to non-state actors, both for profit and not-for-profit. The GFF process is an opportunity to review and strengthen existing governance and coordination mechanisms among government agencies, levels of government, and others involved in the implementation of the investment case.



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5. LEVERAGING PRIVATE SECTOR RESOURCES, CAPACITY AND EXPERTISE

KEY MESSAGES

- The private sector is a key stakeholder in the GFF investment case design and implementation, and it can contribute resources, capacity, and expertise toward RMNCAH-N priorities. Innovation is a particular value-add from the private sector.
- There are a number of challenges to meaningful inclusion of the private sector in the investment case implementation, including diversity and fragmentation of the private sector, limited data, insufficient public-private dialogue, and the time-intensive nature of private sector engagement and analysis.
- Countries have a range of options to manage these challenges; for example, country platform representation can draw on umbrella associations that bring together a broad group of private sector actors or create technical working groups in the platform to define the private sector contribution to the investment case.
- To understand the role of the private sector in the country context, there is a need for analytical work, such as a Private Sector Assessment (PSA) that provides an overview of the private sector in a health system or Market Scoping/Health Market Analysis.
- Private sector interventions and analysis can be integrated into investment cases at any point as appropriate, as it is a living document.
- The GFF and partners provide a range of resources and technical assistance to build the capacity of governments to strategically define and manage private sector engagement.

Private sector actors play a large role in RMNCAH-N, and they, governments, development partners, and other stakeholders are increasingly keen to partner for improving health outcomes (despite various challenges). In recognition of the resources, capacity, and expertise that the private sector can bring to the table, the GFF supports countries to partner with the private sector for investment case priorities where appropriate, starting with strong private sector participation in multistakeholder country platforms. Based on the experience of early GFF countries, the main factors affecting governments' ability to strategically determine and maximize public-private partnerships for investment cases have been

- i. insufficient public-private dialogue due to lack of platforms that bring public and private stakeholders together;
- ii. range of diverse and fragmented private sector actors who may not have a common agenda and are therefore difficult to engage;
- iii. limited data/evidence on the private sector's role in the health system and related opportunities;
- iv. timelines for conducting private sector-related data analysis, dialogue, and design of initiatives that do not align with the broader investment case process; and
- v. limited capacity within governments to design, manage, and implement private sector-related initiatives.

There are a number of ways for GFF countries to overcome these challenges. The country platform for the investment case provides an opportunity to have a structured dialogue with the private sector around common objectives for RMNCAH-N, tied to clear results. To tackle the fragmentation of the private sector, some countries have found it useful to have representatives of formalized umbrella associations or federations that include a broad range of private sector entities involved in health/nutrition (where such umbrella bodies exist) to ensure appropriate representation of the private sector on the country platform. These federations play an important role in sharing the private sector perspective on challenges and solutions and enable governments to reach a broad private sector constituency. Other countries have chosen to establish private sector technical working groups in the

country platform, with representatives of a subset of the various private sector actors in their health system (e.g., service delivery, supply chain actors, etc.) depending on the major private sector actors in that country context and which areas of RMNCAH-N are being prioritized. These working groups are composed of representatives from the Ministry of Health and the private sector and they focus on defining opportunities for the private sector to contribute to investment case design and implementation, while acting as the interface between the broader private sector constituency and the rest of the country platform. Such focused working groups also enable the private sector to maximize the efficiency of their time and participation. Special efforts should be made to identify and include those who can introduce evidence-based innovations (a key value add of the private sector) in products, technologies, service delivery models, etc., to help leapfrog health system bottlenecks.

To define and design private sector-related initiatives, specialized analysis is often needed. This is particularly important given that data about the private sector in health systems are often scarce or of poor quality. Depending on a country's objectives and capacity, several types of analysis can be done, starting with a basic analysis from the Demographic and Health Surveys (DHS) of the public/private split in care-seeking behavior for key RMNCAH-N services that is useful for all countries as a starting point and includes variation across income quintiles and urban/rural shifts. For more specialized analysis, options include (i) a full Private Sector Assessment (PSA) that provides a landscape of overall private sector in health, systematic review of the policy and regulatory environment, analysis of supply/demand in several health system areas, and recommendations of private sector opportunities and (ii) Market Scoping or Health Market Analysis that focuses on a deep-dive analysis of one or more specific health system areas ("markets") linked to RMNCAH-N priorities, with the interaction between supply/demand and the policy context in that area. This analysis often uses existing data and can be done within the timeline of an investment case, while a PSA tends to take longer due to the greater data needs. Countries may tailor these analytical tools based on their requirements, using one or more of them. It is important to note that

because investment cases are living documents, private sector-related analysis may be conducted at any point and integrated into the investment case as appropriate. Some countries may even choose to focus on private sector opportunities during the implementation phase because they were unable to do so in the initial investment case design due to lack of enabling environment factors or time, etc. This option is also applicable for a country that chooses to use existing strategies/documents for its investment case. Together, the dialogue and analytical work can help the country platforms determine which private sector opportunities are most feasible and impactful, while linked to equity objectives.

Recognizing the need to build government capacity to play a leadership role in designing and managing private sector-related initiatives, the GFF provides various technical assistance resources. These include specialized GFF Secretariat staff and consultants with private sector experience, resource materials, and guidance on the various aspects of engaging the private sector in investment cases; training courses and workshops held regularly at country and global levels, etc. Partners such as the World Bank, USAID, DFID, etc. also have wide-ranging private sector expertise and resources that countries may draw on. One of the most valuable resources are the GFF countries themselves, who are able to exchange lessons learned, successes, and challenges of engaging the private sector in their health system context.

6. DATA FOR DECISION MAKING

KEY MESSAGES

- The country platform should focus on data to guide its planning, coordination, and implementation of the RMNCAH-N investments in the investment case and health financing reforms.
- The country platform is responsible for reviewing and finalizing a brief results strategy that includes three main components: (i) a results framework, (ii) arrangements for monitoring the results framework, and (iii) a supporting health information investment plan.
- Discussions should focus on problem-solving and putting in place solutions (where results are not being achieved) and identifying and scaling up best practices (where results are being achieved).
- The GFF highly recommends developing or using existing technical skills to support the country platform to standardize data access, processing, management, visuals, and use. This can be done through the use of a standardized national and subnational dashboard for RMNCAH-N with routine data review from health management information systems (HMIS).
- Having good-quality routine data available may require substantial investment in the routine HMIS in many countries and/or other forms of periodic monitoring such as household and facility surveys.
- The GFF Secretariat recommends that each country hold an annual joint monitoring event and release an annual RMNCAH-N scorecard.
- A critical part of becoming a GFF country is the agreement by the country to share the GFF process health/nutrition data, including data on health/nutrition expenditures, with the development partners involved in the GFF process.
- The GFF, through data-sharing agreements with countries, has requested access to a set of routine indicators (approximately 15–20 indicators per country) annually.

The country platform needs to continuously focus on achieving results. The country platform should focus on data to guide its planning, coordination, and implementation of the RMNCAH-N investments in the investment case and health financing reforms, improve the financial sustainability of the investments (specifically domestic resource mobilization), and assess the effectiveness of the RMNCAH-N program. The data can also help in identifying areas for improvement during implementation, both with a link to real-time course correction as well as needs for implementation research. Finally, data can help ensure accountability to those affected by RMNCAH-N outcomes as well as to those providing resources (governments at all levels, CSOs, donors, other stakeholders). The data will also be an essential element to decide on priorities for the advocacy strategy (see section 10).

The country platform is responsible for reviewing and finalizing a brief results strategy⁷ that includes three main components:

- A results framework, described below.
- Arrangements for monitoring the results framework, including data use, timelines, institutional/governance arrangements, the specific roles and responsibilities of each stakeholder, and accountability and auditing processes.
- A supporting health information investment plan, which identifies the health information infrastructure required for the results framework and the investment case itself, and the initiatives needed to strengthen existing systems, including data quality issues.

While developing and implementing the investment case, the country platform will follow a core set of principles for generating and using data.

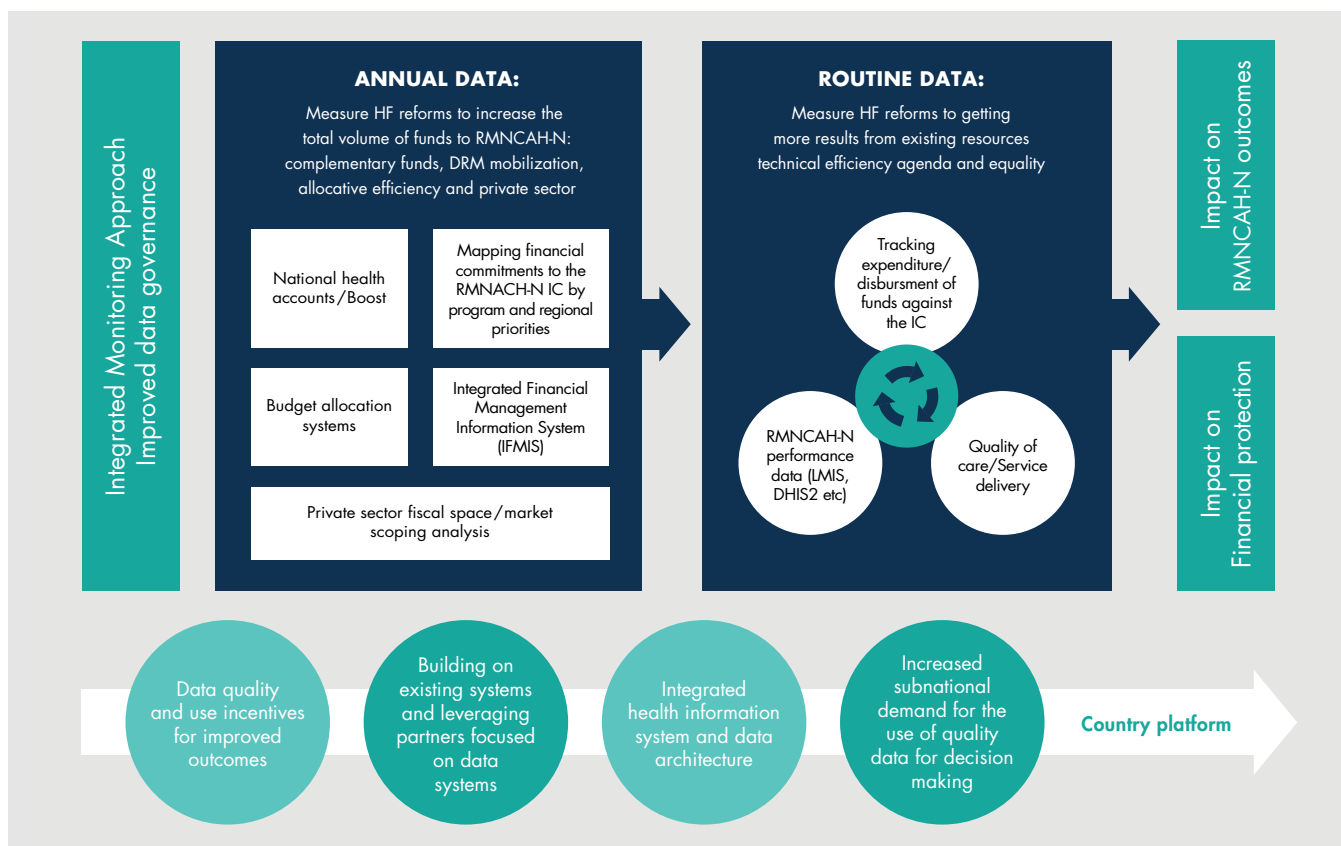
- Develop a results framework that maps to the health financing reforms and the investment case, both its funding flows as well as the achievements, that is fit for purpose and aligned with the theory of change;
- Use the data to make decisions and course correct on a frequent basis;
- Use data to track and promote equity, including gender equality;
- Ensure data are available in real time;
- Disaggregate data by sex and age whenever feasible;

- Ensure subnational data are used;
- Ensure data come from multiple sources and reflect multisectoral perspectives where needed;
- Ensure the needed data systems are in place and strengthened where needed⁸;
- Promote the development of integrated information systems⁹;
- Encourage data quality.

Investments cases must include a strong results strategy and framework that are aligned with the national plans and define realistic health and nutrition outcomes that can be achieved in the defined time frame (baseline, targets). The results strategy and framework will also identify the funding of the prioritized interventions and health systems strengthening, including a results framework that defines a hierarchy of steps to achieve these

outcomes. It sets out how the investment case, its theory of change (including women’s empowerment and the reduction of gender-based violence, early marriage, and adolescent pregnancy), and its eventual impact will be monitored. It identifies outputs, outcomes, and impacts; specifies the indicators and other instruments that will be used to measure them; and quantifies the targets that should be achieved. The results framework should align to all donors who finance the investment case, should be fit for purpose, and capture the core elements of the investment case objectives for health and nutrition impact. Finally, the results framework should not be a theoretical exercise, but should include only those indicators that are available either through national data systems, partner or donor systems that will be shared with the country platform. Therefore, the results strategy and framework must be feasible (e.g., include systems in place to capture timely and quality data).

FIGURE 6.1 USING DATA FOR DECISION MAKING



⁸ For example, many countries are currently not able to monitor effectively issues related to gender-based violence, adolescent health, etc.

⁹ For example, integrating data on gender-based violence into health management information systems.

As the results framework may include data collected through national systems as well as partner systems, the country platform serves as the shared space to track the progress of health/nutrition activities, outputs, and outcomes against an agreed-on set of targets. It is important that the dialogue not only focus on monitoring data and indicators but goes one step further and centers around why results are or are not being achieved and what steps should be taken to fix these issues. Additionally, there may be substantial regional variation in results, and therefore the questions should be asked, why are results in this region doing well, while in this region they are not, as well as, do the available resources (financing, human resources, systems, etc.) match the regional needs? Therefore, defining subnational baselines and targets is important to track progress from outcomes to health and nutrition impact.

Discussions should focus on problem-solving and putting in place solutions (where results are not being achieved) and on identifying and scaling up best practices (where results are being achieved). To be able to do this, it is critical that the output/results indicators set at the national level and subnational level in the investment case results framework and the information on achievement be available to the service providers. Frontline workers (female community workers, nurses, doctors) need a clear understanding on how their work gets aggregated at the subnational levels and ultimately contributes to the national results indicators provided in the investment case regional and national targets. There are different approaches to do this. Some countries use program for results (P4R) schemes, in which funding is channeled to where outputs are produced, while other countries use other methods, such as regulation of providers. The essential point is that funds channeled toward RMNCAH-N interventions should be linked to indicators.

Dashboards and other data visualizations suited to the end user are strong management tools. The GFF highly recommends developing or using existing technical skills to support the country platform to standardize data access, processing, management, visuals, and use. This can be done through the use of a standardized national and subnational dashboard for RMNCAH-N with

routine data review from health management information systems (HMIS). These data should be used in the national country platform, and it is important to ensure that data are shared and used with relevant subnational audiences, at least at the regional or district levels, to use as planning and management tools. Many countries already have functional RMNCAH-N dashboards incorporated into their HMIS, but for those that do not, some partners are working on standardized dashboards, which the GFF can support and contextualize to the country context.

Country platforms should carry out an annual review by expanding the scope of these analyses to include additional sources of data, notably financial data on budget, disbursement, and expenditure as well as data on other systems bottlenecks, such as human resource data from human resources information system (HRIS), if available, and supply chain data from logistics management information systems (LMIS), among others, and population-based data from relevant surveys.¹⁰ When new large-scale survey data become available, including DHS, MICS, SARA, SDI, census etc., these data should be included in the country platform analyses.

To focus on achieving results, good-quality and relevant data need to be routinely available. It is recommended that country platforms define clearly in their implementation workplan how they will monitor the implementation of the investment case. Having good-quality routine data available may require substantial investment in the routine HMIS in many countries and/or other forms of periodic monitoring such as household and facility surveys. As part of the investment case process, the GFF, working with partners, supports countries to undertake an assessment of its monitoring capacity for the investment case, health financing reforms, and beyond. The GFF is developing tools and technical assistance that can assist with this process, and in line with the broader GFF approach of building on the work of partners, countries are encouraged to use existing assessments and incorporate the work of many GFF partners. These assessments should be repeated periodically during implementation (as part of the implementation plan) to track progress on strengthening of information systems.

¹⁰ The GFF has defined some core elements that should be included in analyses of the investment case for planning and management; these include a focus on equity, for which subnational data are vital to planning and management, because often aggregates at the national level lose the granularity needed to make decisions and to see regional disparities. Efficiency goals should be reviewed using routine results data as well as financial data.

Understanding gaps in monitoring and evaluation capacity early in the process is important so investments in this area can be prioritized and included in the investment case and adequately financed. The GFF Secretariat recommends that 5–10 percent of the investment case budget be allocated to monitoring and evaluation, including implementation research and delivery science (IRDS; see Section 7. These resources can focus on strengthening routine systems (HMIS and civil registration and vital statistics [CRVS]) — for example to enable them to capture gender-sensitive data on issues such as gender-based violence and early marriage/adolescent fertility — on household surveys (e.g., Demographic and Health Surveys, Multiple Cluster Indicator Surveys) and/or facility surveys (e.g., Service Provision Assessments, Service Delivery Indicator surveys) as well as health financing tools and platforms (resource mapping and tracking), which may be housed in the Ministry of Finance and are vitally important to the use of financial and results data to determine efficiencies.

Many of the GFF-supported countries have received financing to strengthen their systems for civil registration and vital statistics. Tracking progress on CRVS, as part of overall health information systems strengthening, should be an integral part of the implementation plan. Over time, the CRVS systems in-country will become an increasingly important source of information for the country platforms.

The country-led approach means that it is challenging to attribute outcomes to specific investments because the investment case implementation is monitored as whole. As opposed to how development assistance is traditionally monitored, donor by donor, the GFF intends to monitor the implementation of the entire investment case, to which many financiers and implementers from various sectors are contributing at different program areas and levels. Thus, the GFF processes focus is on the implementation of the investment case, not the attribution of results to individual financiers. It is therefore critical that the right processes, forums, and documents are in place to make GFF implementation inclusive and results-focused.

Where possible, make use of independent monitoring and evidence. Including information from civil society in review processes can help provide objective independent evidence, increase transparency, and bring to bear important points. In some cases, it is useful to also give an independent group a formalized advisory status (e.g. independent verifier of achievement of results), which promotes an unbiased assessment on progress. However, this should be balanced with the local capacity for producing reliable and independent data and evidence (e.g. through an independent audit authority) and avoid creating parallel or conflicting lines of accountability that undermine the accountability of the government to its citizens. Thus, it is important to assure that mutual accountability supports rather than undercuts domestic accountability institutions.

The GFF Secretariat recommends that each country hold an annual joint monitoring event and release an annual RMNCAH-N scorecard. To prevent the investment case monitoring process from succumbing to the many competing pressures and demands of in-country actors, the GFF Secretariat proposes an annual joint monitoring convening of locally based and internationally based actors under whose remit RMNCAH-N in the country falls. This event — which could be integrated in an existing planning, monitoring, or knowledge-sharing event — would involve a thorough discussion of all aspects of implementation of the investment case, reviewing input and output data, and, where possible, assessment of changes in health/nutrition outcomes. As a result of these discussions, the country platform would produce an annual RMNCAH-N scorecard. These scorecards would serve primarily for national stakeholders to take stock of progress and could form an integral part of the advocacy and communication strategy (discussed in sections 10 and 11).

A critical part of becoming a GFF country is the agreement by the country to share health/nutrition data, including data on health/nutrition expenditures, with the development partners involved in the GFF process. The data will be required mainly to carry out the country reviews described in this section and also for global reporting and learning purposes. When invited to join the GFF, countries will have been asked to confirm in writing their willingness to share data with GFF country platform members. It is also expected that partners in the GFF engagement will also share data from their investment case-related investments. To meet the annual global reporting cycle of the GFF, it is recommended that the annual national reports be produced between March and April.

The GFF global results framework consists of the GFF core RMNCAH-N impact indicators as well as the core health financing indicators. The GFF has identified eight core RMNCAH-N impact indicators, which are collected by governments and development partners using existing surveys and reporting systems (Demographic Health Surveys—DHSs and Multiple Indicator Cluster Surveys—MICS). The GFF Secretariat is not requesting additional data collections for the sole purpose of GFF reporting.

GFF Core Impact Indicators

- Maternal mortality ratio
- Under-5 mortality rate
- Newborn mortality rate
- Adolescent birth rate
- Birth spacing (proportion of the most recent children age 0–23 months who were born less than 24 months after preceding birth)
- Prevalence of stunting among children under 5
- Prevalence of moderate to severe wasting among children under 5
- Proportion of children who are developmentally on track

The GFF anticipates that trust fund resources will be used to strengthen domestic resource mobilization and ensure effective coverage of financial protection for individuals in case of ill health. Monitoring of progress to achieve health-financing reforms will be measured through a set of four core health financing indicators.

Core Health Financing Indicators

- Health expenditure per capita financed from domestic sources¹¹
- Ratio of government health expenditure to total government expenditure
- Percent of current health expenditure devoted to primary health care
- Incidence of financial catastrophe due to out-of-pocket payments¹²

As the above indicators are only available every three to five years through large-scale surveys, the GFF, through data-sharing agreements with countries, has requested access to a set of routine indicators (approximately 15–20 indicators per country) on an annual basis. These will include indicators from the following topic areas: family planning and sexual, reproductive health and rights; maternal, neonatal, and child health; nutrition and nutrition policy; early childhood development; and water and sanitation. As appropriate, these data will be disaggregated by sex. In addition, important cross-cutting focus areas are CRVS, data quality and use, quality of care and service delivery, supply chain and commodities management, community health, human resources for health (HRH), and equity across regions and poverty index. Each country will choose its 15–20 most important routine indicators to share with the GFF Secretariat. The list of indicators, metadata, requirements, indicator definitions, etc., will be defined in a joint country to GFF data-sharing agreement.

¹¹ Data obtainable from the System of Health Accounts (SHA).

¹² Data obtainable from population-based surveys.



7. IMPLEMENTATION RESEARCH AND DELIVERY SCIENCE (IRDS) FOR SETTING EVIDENCE-INFORMED PRIORITIES, COURSE CORRECTION AND LEARNING

Implementation research and delivery science (IRDS) is the systematic creation and application of knowledge to improve implementation of health policies, programs, and practices. IRDS is an approach to scale up evidence-based interventions in an equitable and sustainable manner, which can address any aspect of implementation including enabling factors and implementation barriers, the implementation process, and implementation outcomes. Well-coordinated IRDS will support the alignment in the global health architecture that is envisaged in the Global Action Plan for the SDGs.

Monitoring, evaluation, and IRDS are part of a continuum. Evaluation is usually done at predetermined periods and can indicate whether and how well a policy, program, or practice works (or not) and whether objectives are achieved (or not). Monitoring is ideally done on a continuous basis and can indicate whether a policy, program, or practice is going in the right direction (or not) and whether targets are being achieved (or not). IRDS can be done at short near-real-time intervals; it can help identify the best investment priorities for overcoming implementation barriers or enhance enabling factors, what is and is not working, how and why implementation is going right or wrong, and testing approaches to improve it and course correct.

The potential of investing in IRDS to accelerate RMNCAH-N results and strengthen health systems is enormous: Investing in implementation research that supports better utilization of existing evidence-based interventions has the potential to reduce under-5 mortality by an estimated 63 percent, whereas investing in basic research to develop new child survival interventions is estimated to reduce child mortality by only 22 percent. Therefore, the GFF model includes implementation research; it is expected that countries will allocate funding for IRDS as part of the investment case. The GFF

KEY MESSAGES

- The potential of investing in IRDS to accelerate RMNCAH-N results and strengthen health systems is enormous.
 - The GFF model includes implementation research; it is expected that countries will allocate funding for IRDS as part of the investment case.
 - The GFF supports country-led research priority setting, the identification or development of collaboration platforms between government and local and international research institutes, and, through its partnerships, technical and possibly funding support on IRDS.
 - IRDS is only as powerful as the extent to which it is applied, and at scale. An explicit value added of the GFF will be to use the national and subnational platforms to facilitate a greater use of findings from existing IRDS, in addition to supporting new initiatives to fill critical gaps.
 - The GFF with its partners has developed a decision-maker guide that clarifies the definition of implementation research, provides examples of successful implementation research, when and how it can be used, and where to identify funding opportunities.
 - Countries will identify a coordinating mechanism for IRDS, preferably one that builds on existing structures and processes available in the country.
 - While IRDS is often focused on specific implementation challenges in specific country settings, many countries share similar implementation challenges. The GFF will facilitate learning between countries by using IRDS findings.
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also works with its partners to identify funding opportunities for IRDS and helps steer planned research to align with investment case priorities. However, IRDS is only as powerful as the extent to which it is applied, and at scale. An explicit value added of the GFF will be to use the national and subnational platforms to facilitate a greater use of findings from existing IRDS, in addition to supporting new initiatives to fill critical gaps.

The GFF with its partners is developing a decision-maker guide that clarifies the definition of implementation research, provides examples of successful implementation research, when and how it can be used, and where to identify funding opportunities. Using this guide, the GFF will work with its partners to advocate for the inclusion of IRDS in routine programming and to complement monitoring and evaluation. The GFF process will also support capacity building in IRDS. Many of the GFF research partners either directly support countries or have developed regional hubs for capacity building. The GFF Secretariat can help countries liaise with these partners to help build country-level capacity in IRDS.

Countries will identify a coordinating mechanism for IRDS, preferably one that builds on existing structures and processes available in the country. Where practical, such coordination mechanisms should also exist at the subnational level. Priority setting and, in particular, research priority setting is an important aspect of the support that the GFF process can provide. Currently available research results are often not known to decision makers or used for policy, program, or practice change. The GFF process also helps synthesize existing studies in support of an evidence-informed gender-sensitive decision-making process. In line with the GFF value proposition, countries will develop prioritized national research plans that help address the implementation challenges identified in the investment case development or implementation process.

The emphasis of IRDS is to plan for adaptive implementation that will allow policy makers and other national stakeholders to make regular course corrections. Ultimately, IRDS aims to create a constructive, iterative, regular, and rapid feedback loop. This operationalized monitoring of implementation through routine data creates the forum for discussing results and putting in place changes or corrective actions to priorities, and repeats these steps regularly with a keen eye on health/nutrition outcomes. It will allow an evidence-based approach to policy making where interventions and programs that are not working can be modified or closed down, and interventions that are working could have funding sustained or increased and be scaled up. Such an approach to adaptive implementation requires that the investment case include a mechanism to collect data and to review performance in relatively short time frames rather than relying only data from complex impact evaluations that generally take years to produce operational guidance. The communications strategy (see section 11) includes actions to enable adaptive implementation.

While IRDS is often focused on specific implementation challenges in specific country settings, many countries share similar implementation challenges, such as human resource constraints, failing supply systems, and insufficient attention to data and information systems. Evidence shows that if countries learn together, the benefits of IRDS spread faster. The GFF supports groups of countries with similar implementation challenges and aims to support multicountry studies.

8. TECHNICAL ASSISTANCE

KEY MESSAGES

- The objective of the technical assistance (TA) work program is to maximize the efficiency of the investment case resources to achieve the intended results.
 - GFF-supported countries will use an existing — or develop a country-based — coordination mechanism (e.g., a special committee of the country platform) to source technical assistance for implementation of the investment case.
 - The government will lead this process, as it leads the development and implementation of the investment case overall.
 - An important first step would be to clearly identify the priority TA needs for the implementation of the investment case.
 - To facilitate the sourcing of technical assistance and avoid recreating tools in the public domain, the GFF Secretariat has produced a source-book that can serve as a first point of reference before financing specific TA initiatives.
 - When sourcing the technical assistance to implement the GFF approach, priority will be given to the existing capacity in-country and available within academic and other institutions in the regions.
 - The TA work program implementation progress should be reviewed on a regular basis during the meetings of the country platform.
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The objective of the TA work program is to maximize the efficiency of the investment case resources to achieve the intended results. Technical assistance includes analytical work and systems strengthening but also direct implementation support, for example, providing the services of a long-term consultant in the government, internships, setting up an advisory board to an (insurance) agency, etc. As for other aspects of the GFF approach, GFF-supported countries will use an existing — or develop a country-based — coordination mechanism (e.g., a special committee of the country platform) to source technical assistance for implementation of the investment case.

The government will lead this process, as it leads the development and implementation of the investment case overall. As for the investment case, the TA work program will be developed in a participatory manner, thus benefiting from the expertise of national stakeholders and generating commitment to financing it. The TA program will only be credible if it is evidence-based and truly fills knowledge gaps in the country. The GFF Secretariat can offer its expertise to countries to help develop the TA program. At the request of governments, the GFF Secretariat can also support the development of a database of TA resources (including gender expertise) to enable the identification process of well-proven resources, persons, or firms. Countries may want to explore how they could best institutionalize TA sourcing within a national institution, such as a national health care agency. This process of TA harmonization is one of the ways that the “3Gs”¹³ will be able to harmonize their support to health systems strengthening, thus avoiding the fragmentation that separate TA planning processes can create.

An important first step would be to clearly identify the priority TA needs for the implementation of the investment case. This articulation of need will then guide the process of taking stock of the technical assistance available at the national level through a mapping process that produces a TA matrix (with the needs/themes on one axis and the TA provider on the other). This process may identify some TA resources that could be reallocated to higher-priority areas. Once the results and the critical bottlenecks of the investment case have been articulated, the map of existing technical assistance can be compared to the needs, to ensure coherence between the available technical assistance with the country's needs. The GFF partners can then discuss how best to ensure the remaining TA gaps are filled and financed.

To facilitate the sourcing of technical assistance and avoid recreating tools already in the public domain, the GFF Secretariat is producing a sourcebook, which will serve as a first point of reference before financing specific TA initiatives. The TA work program could be an efficient way to align the actions of smaller partners, such as national and international nongovernmental organizations, that may not have the financial resources to contribute to the core activities of the investment case but that could mobilize resources to support technical assistance. Sourcing of technical assistance should be transparent and always aim to get the best value for money.

When sourcing the technical assistance to implement the GFF approach, priority will be given to the existing capacity in-country and available within academic and other institutions in the regions. The GFF Secretariat and its partners (e.g., bilateral and multilateral financiers, UNICEF, WHO, UNFPA, CSOs, private sector entities, academic institutions) can facilitate the forging of linkages with academic centers of excellence that could become hubs for sourcing technical assistance in specific areas such as health financing, sexual and reproductive health and rights, gender-based violence, etc. Some financiers invest substantially in TA and thus will have a particular role to play in facilitating the alignment of the TA they finance with the needs of the investment case. Partners that have a presence at the subnational level can also play a critical role in ensuring the provision of good quality TA (directly or in a facilitation mode) to front-line service providers. Engagement with national (e.g., outside the Ministry of Health) and regional institutions will also contribute to further develop their capacity. National governments are encouraged to invest domestic resources in developing the capacity of these institutions. Regional organizations (e.g., West Africa Health organization - WAHO, regional CSOs) may be helpful in linking to regional academic institutions and private sector actors. An important step when engaging with national and regional institutions would be to first undertake an institutional capacity assessment to identify areas of weakness that may limit their ability to meet the needs of countries. When sourcing the TA, countries may find it useful to differentiate between on-demand TA, which could be coordinated within the country platform structure, and long-term TA, which would be determined based on the long-term research needs and could be financed through an external support program.

This approach to TA prioritization and management provides GFF countries an opportunity to move away from the current often fragmented and supply-driven approach to TA provision. The GFF approach to TA is a demand- and problem-solving-driven approach that is coordinated and reduces duplication and fragmentation. This approach will require strong government leadership as well as discipline from GFF implementing partners. Technical assistance must be sourced from the most cost-effective sources.

This represents an opportunity to collaborate with regional and national institutions (e.g. regional and national academic centers of excellence, private sector firms, civil society organizations) not only to ensure strong knowledge of country context and appropriateness of solutions to local conditions, but also to serve as a means to further strengthen in-country capacity to deliver technical assistance. Through its network of GFF Liaison Officers as well as staff in the Secretariat, the GFF can facilitate this sharing of national TA expertise across GFF-supported countries. When drawing on international partners and firms for technical assistance, countries should consider pairing this international expertise with national consultants as often as possible, particularly when addressing local norms and behaviors related to breastfeeding practices, early motherhood, gender-based violence, etc.

The TA work program implementation progress should be reviewed on a regular basis during the meetings of the country platform. Depending on the size and complexity of the TA work program, it may be preferable to establish a TA working group of the country platform, which would focus more closely on the TA work program.

9. RESOURCE MAPPING AND TRACKING

Resource mapping is an important step in the preparation of the investment case. This mapping enables the government to identify clearly which resources are available for the implementation of the investment case. The mapping is a useful way to see how evenly (or not) the available resources are spread across core national priorities, including RMNCAH-N results. The mapping in the initial 16 GFF-supported countries, for example, has revealed that some areas such as family planning and nutrition have often been underfinanced, and this has led to prioritizing these areas in some of the investment cases. When the findings of the mapping reveal that resources are insufficient to achieve what had been anticipated in the draft investment case, it leads to further advocacy to increase financial contributions to the investment case and/or to further prioritizing of the investment case to plan to implement only what is financed. In countries where not all of the partners can join the investment case at the beginning, it will be necessary to adjust the scope of the investment case and the related resource mapping as new financing is identified.

While the resource mapping is important for planning purposes, even more important is the annual resource tracking, which is an integral part of the GFF in-country implementation process. The findings of the tracking, which are based on the initial mapping and discussed during the GFF annual review, are a good way for the platform to play its role to enhance mutual accountability. The tracking includes the financing committed to — and expended against — the investment case priorities by the government and external financiers. When joining the GFF partnership, partners should outline their willingness to share the data that will be required to track expenditures. This tracking is an example of an activity that may require technical assistance. To the extent possible, the tracking should include information about the extent to which resources are reaching the service delivery level and also track financing for specific inputs (e.g., family planning commodities, rape kits, etc.) that are critical for service delivery.

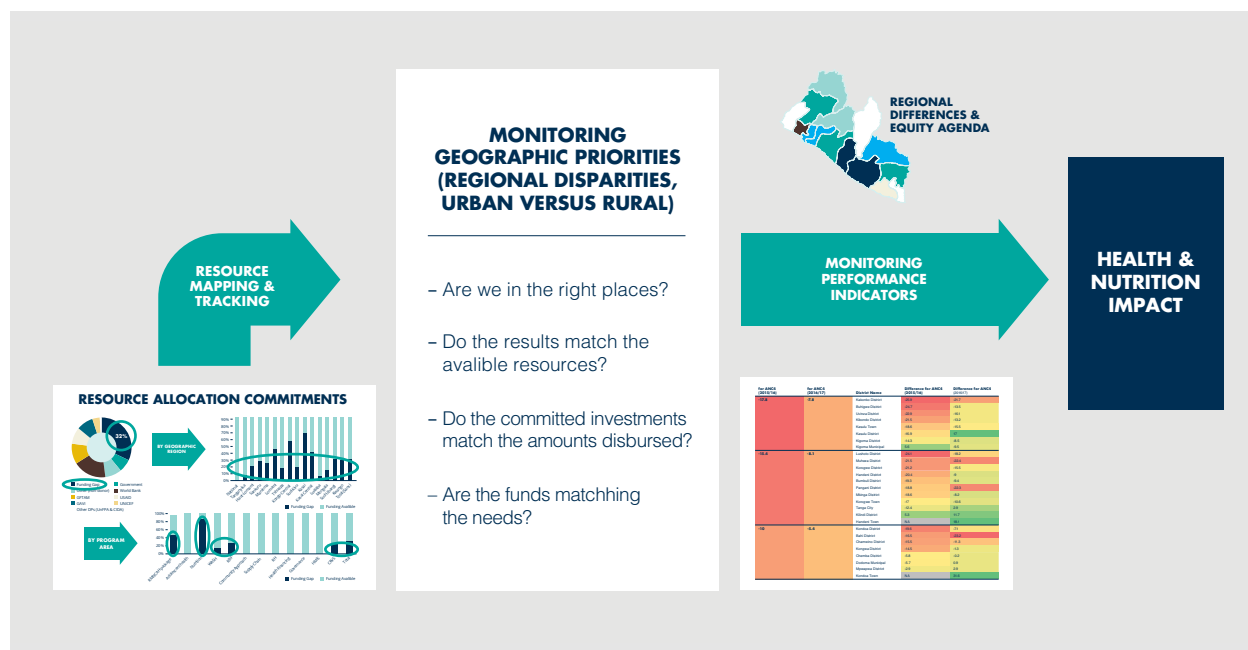
Tracking health/nutrition expenditures and strengthening public financial management systems is critical to monitor that expenditures are shifting toward investment case priorities. It is particularly important to dedicate

KEY MESSAGES

- Resource mapping is an important step in the preparation of the investment case. This mapping enables the government to identify clearly which resources are available for the implementation of the investment case.
- Even more important is the annual resource tracking, which is an integral part of the GFF in-country implementation process.
- The tracking includes the financing committed to — and expended against — the investment case priorities by the government and external financiers.
- The results of the resource tracking process need to be discussed in the country platform and shared widely. This discussion will enable mutual accountability among the platform members for delivering on the financial commitments they made to the investment case and identify the necessary corrective actions when resource gaps are identified.
- The GFF Secretariat has developed a resource tracking information technology (IT) tool to facilitate this process in countries.

financing to resource tracking/expenditure monitoring, i.e. to ensure that both domestic and external financing are shifting toward the priorities of the investment case as well as the broader resource tracking needed for monitoring of efficiency for all health care. This can be done by using and strengthening the existing public financial management (PFM) system in combination with the collection of health expenditure data, particularly through the timely preparation of health accounts in line with the latest System of Health Accounts. Attention should be given to developing resource tracking systems that allow subnational and frontline staff to access financial data for improved planning processes. Thus, the GFF Secretariat recommends that all GFF-supported countries prepare National Health Accounts according to the recent methods and frequency of the WHO guidelines.

FIGURE 9.1 GFF APPROACH: MAPPING/TRACKING FINANCIAL RESOURCES TO RESULTS AT SUBNATIONAL LEVELS



The results of the resource tracking process need to be discussed in the country platform and shared widely. This discussion will enable mutual accountability among the platform members for delivering on the financial commitments they made to the investment case and to identify the necessary corrective actions when resource gaps are identified. The resource tracking should be timed so a report is available in time for the annual review. Results will be shared with stakeholders such as civil society organizations to enable them to play an active role in holding government and other financiers accountable.

The GFF Secretariat has developed a resource tracking IT tool to facilitate this process in countries. This resource tracking should feed into the preparation of national health accounts using the latest System of Health Account

methodology. It is also important that subnational data are used and available to districts for their annual planning process and accountability of the regions to ensure that money flows to areas where it is needed. Given the complexity of resource tracking, it is recommended to start in the initial years by tracking the government resources as well as those provided by the main bilateral and multilateral partners. In countries that receive large amounts of humanitarian assistance for health or that have a large presence of implementing non-state actors, it is advisable to also track the resources spent by the largest non-state actors (the share that is non-bilateral assistance and would not already have been tracked). Over time, the resources provided by the private sector will also be tracked.

10. ADVOCACY

The objective of in-country advocacy in the GFF process is to accelerate and facilitate the achievement of the results agreed upon in the investment case. Many of the results that the GFF process aims to achieve in-country require changes in policies and practices (e.g., financial allocations to health/nutrition) by national and subnational governments as well as by financiers. While the technical work that is carried out under the leadership of the country platform will provide important inputs into the policy and decision-making process of governments and donors, a purely technical approach will not suffice. Many countries already have several partners who advocate for issues. Each GFF implementation plan will include an advocacy and communication strategy that will serve to mobilize key actors in-country to accelerate the achievements of results of the investment case by advancing specific policy issues and enhancing accountability for implementation. This strategy will build on the existing advocacy and communication initiatives and define both long- and short-term goals. In that way, it should help partners to have a more harmonized approach to their advocacy. For this to happen, it would need to be translated into a work plan on which various members of the country platform commit to taking the lead. A broader gender-sensitive national advocacy strategy that brings together diverse stakeholders that sometimes have conflicting policy proposals will help identify key areas and goals to which all stakeholders commit to working toward collectively and ensure mutual accountability. Civil society groups and some of the technical partners and financiers have considerable experience in developing and implementing advocacy strategies; they could be called upon to take the lead in this area. This topic may require a certain degree of independence from the government (i.e., meetings of a subgroup not chaired by government) because the government is the target of the advocacy work.

Effective advocacy and communication strategies are strategic; they build on a strong understanding of the political economy, are results-oriented, and have clearly defined accountabilities. The advocacy and communication strategy will first identify which priority actions are required by governments and financiers to achieve the

KEY MESSAGES

- The objective of in-country advocacy in the GFF process is to accelerate and facilitate the achievement of the results agreed upon in the investment case.
- Many of the results that the GFF process aims to achieve in-country require changes in policies and practices (e.g., financial allocations to health/nutrition) by national and subnational governments as well as by financiers. A purely technical approach will not suffice to achieve the goals set out in the investment case.
- Effective advocacy strategies are strategic, build on a strong understanding of the political economy, are results-oriented, and have clearly defined accountabilities.
- Depending on the advocacy actions required, different members of the country platform will take ownership of parts of the advocacy plan.
- Advocacy strategies are often multistakeholder initiatives; it would be possible to deploy multiple but interdependent processes.

results outlined in the investment case. It would be wise to consider linking the advocacy and communication strategy to wider national priorities such as universal health coverage. In most countries, it would be wise to invest in a political economy analysis that focuses on those priority areas to identify possible champions and opponents, roles and accountabilities, upcoming policy windows, as well as enablers and deterrents to moving forward with the required changes. To be effective, it is recommended that the political economy analysis be undertaken by an empowered institution/development partner and that a validation process be undertaken together with the government.



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Depending on the advocacy actions required, different members of the country platform will take ownership of parts of the advocacy plan. At the outset, it would be important to agree on who will finance the development and deployment of the advocacy strategy and to determine how its implementation will be monitored. From the overall advocacy and communication strategy, different stakeholder groups may want to develop their own constituency strategies and implementation plans. Advocacy and communication strategies are often multistakeholder initiatives; it would be possible to deploy multiple but interdependent processes. For example, CSOs, women leaders, and youth tend to be effective advocates to governments and to financiers. United Nations agencies are also effective advocates. Financiers and private sector leaders also have a role to play in advocating to governments and may have a different, complementary approach to CSOs and the United Nations. Some

members of the country platform may be better placed than others to take the lead in advocating on more sensitive issues such as family planning and prevention of gender-based violence. Some parts of government may also want and need to advocate to other parts of the government, for example, the Ministry of Health regularly advocates the Ministry of Finance for budgetary allocations to the health sector. It will also be useful to engage with thought leaders and media personalities. The committee of champions discussed in section 4 on the country platform (e.g., Members of Parliament, women and youth leaders, etc.) and civil society organizations will be good groups not only to consult when developing the overall strategy but also to engage with for its implementation. The GFF country platform meetings will have as a standing agenda item an update on progress achieved and priority next steps for the implementation of the advocacy and communication strategy.

11. COMMUNICATIONS

KEY MESSAGES

- The main objective of the GFF-related in-country communication is to accelerate the achievement of the results agreed upon in the investment case.
- One of the challenges in implementing a complex multistakeholder model like the GFF approach in-country is generating and maintaining a common understanding of the approach and creating motivation for continued engagement from each stakeholder.
- Country platforms will develop and implement, with sufficient financing, an advocacy and communication strategy relating to the GFF engagement. The strategy will be aligned with government communication.
- The intent of this strategy is to facilitate the achievement of results in the investment case, not to publicize or promote the “GFF brand.”
- Effective advocacy and communication strategies are results-driven; in other words, the starting point is to identify clearly objectives to be achieved. In this case, the objective is to support the acceleration of the achievement of the investment case results.
- In the early stages, the advocacy and communication strategy for the GFF engagement in-country will focus on explaining to a range of stakeholders what the GFF is, how it functions, who is committed to the approach, and what value it is anticipated to add in the country.
- As the GFF proceeds in its implementation phase, the strategy will increasingly use the results data generated by the monitoring system for the investment case to share with a group of stakeholders the progress that the country is making as a result of the GFF engagement.
- Progress on the implementation of the strategy will be a standing agenda item for the meetings of the GFF country platform. The achievements of the communications strategy will be assessed more systematically (i.e., using data) as part of the annual GFF review.

The main objective of the GFF-related in-country advocacy and communication is to accelerate the achievement of the results agreed upon in the investment case. Country stakeholders are strongly encouraged to increase communication related to the GFF process. One of the challenges in implementing a complex multistakeholder model like the GFF approach in-country is generating and maintaining a common understanding of the approach and creating motivation for continued engagement from each stakeholder. Country platforms will develop and implement, with sufficient financing, an advocacy and communication strategy relating to the GFF engagement. To be clear, the intent of this strategy is to facilitate the achievement of results in the investment case, not to publicize or promote the “GFF brand.” The network of GFF Liaison Officers and staff at the GFF Secretariat will facilitate the sharing of communication tools across countries to ensure consistency of messaging while maintaining the flexibility required to tailor messages and approaches to country contexts, particularly those embedded in cultural and religious norms. This network will also facilitate learning across countries on communication matters. An integral part of the strategy will be for each country to develop hard facts (i.e., core messages about the key priorities that the GFF process is addressing in the country).

Effective advocacy and communication strategies are results-driven; that is, the starting point is to clearly identify the objectives to be achieved. In this case, the objective is to support the acceleration of the achievement of the investment case results. With this goal in mind, specific audiences need to be identified to achieve these goals and a plan with various communications approaches (which media, what types of messages, etc. work best) for each audience is developed. Successful advocacy and communication strategies engage regularly with these target audiences to test messages and also to assess impact and whether the required knowledge, attitudinal and behavior changes have taken place. The data component of strategies (selection of media, testing of messages, assessment of communications effectiveness and behavior change impact) are crucial to success. It is also important to pay attention to who communicates about the GFF engagement — the messenger is part of the message — and thus enabling national governments and opinion leaders (particularly women) will be important. A particular focus should also be given to communicating with youth.

In the early stages, the communication strategy for the GFF engagement in-country will focus on explaining to a range of stakeholders what the GFF is, how it functions, who is committed to the approach, and what value it is anticipated to add in the country. The strategy will also address communications within the country platform and the communication that will be required at subnational levels for effective delivery of the investment case. The communications strategy should facilitate the use of data analyses to address gaps and problems at the right level in the system. The strategy will be aligned with government communications. As the GFF proceeds in its implementation phase, the communications strategy will increasingly use the results of the data generated by the monitoring system for the investment case to share with a group of stakeholders the progress that the country is making as a result of the GFF engagement. The communications strategy will build on and be linked to the advocacy strategy.

As noted in section 6 on data, the GFF is a collective endeavor and thus aims to demonstrate contribution rather than attribution to either the financing of individual donors, the technical assistance provided by specific partners, or the financing from the GFF trust fund itself. The communications strategy will therefore focus on the collective effort and the results it is generating. The objective of the strategy is not to brand initiatives as “GFF.” To the contrary, the engagement supported by the GFF is country-led and should be presented as a partnership. However, the strategy will define how the GFF branding (e.g., logo) is to be used in communications when that is appropriate.

Progress on the implementation of the communications strategy will be a standing agenda item for the meetings of the GFF country platform. The achievements of the communications strategy will be assessed more systematically (i.e., using data) as part of the annual GFF review.



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1818 H Street NW. Washington DC 20433
Telephone: 202-473-1000
Website: www.globalfinancingfacility.org

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